DOCUMENT RESUME

ED 316 785 CG 022 332

AUTHOR McCabe, Kathryn A.; Gold, Joshua M.
TITLE The Potential of the PSI and SCL-90R Subscales To Predict Post-Intake Client Return at a University Counseling Center.
PUB DATE 89
NOTE 20p.; Paper presented at the Annual Meeting of the American Association for Counseling and Development (Cincinnati, OH, March 16-19, 1990).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Chi Square; *College Students; Comparative Analysis; *Counseling Effectiveness; *Counseling Services; Demography; Higher Education; Incidence; *Outcomes of Treatment; Psychological Characteristics; Statistical Analysis; *Termination of Treatment
IDENTIFIERS Psychological Screening Inventory; Symptomatic Checklist

ABSTRACT

This study sought to identify differential psychological symptom status and demographic variability between male/female returners and non-returners to a university counseling center. Data were collected during intake interviews over a 9-month period (N=261). The information analyzed consisted of nine distinct subscale scores of the Symptomatic Checklist (SCL-90R), the five distinct subscale scores of the Psychological Screening Inventory (PSI), and demographic data. Of the 81 men in the sample, 55 returned for post-intake counseling; 26 did not. Of the 180 women, 126 returned for counseling and 54 did not. The subscale scores were analyzed by discriminant function analysis and the demographic data by chi square analysis. The results displayed unique levels of psychological symptoms between male/female returners and non-returners. Chi-square analysis illustrated demographic differences between male/female returners and non-returners. Men who returned for counseling evidenced higher levels of somatization and lower levels of anxiety than men who did not return. Women who returned for counseling showed higher levels of obsessive-compulsiveness and hostility and lower levels of anxiety and paranoid ideation than did non-returners. Findings have implications for intake procedures and for follow-up to identify potential non-returners. References are included. (TE)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED316785

The Potential of the PSI and SCL-90R Subscales to Predict Post-Intake Client Return at a University Counseling Center

Kathryn A. McCabe

Joshua M. Gold

Doctoral Students

Counseling and Human Development Services

Kent State University

Fall, 1989

CG022332

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

This document has been reproduced as received from the person or organization originating it.

Minor changes have been made to improve reproduction quality.

Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Joshua M. Gold

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

ABSTRACT

This study sought to identify differential psychological symptom status and demographic variability between male/female returners and non-returners to a university counseling center. The data was collected during intake interviews over a nine-month period (n=261). The information analyzed consisted of the nine distinct subscale scores of the Symptomatic Checklist (SCL-90R), the five distinct subscale scores of the Psychological Screening Inventory (PSI), and demographic data. The subscale scores were analyzed by means of the discriminant function analysis and the demographic data by means of the chi-square analysis. The results displayed unique levels of psychological symptoms between male/female returners and non-returners. Chi-square analysis illustrated demographic differences between male/female returners and non-returners. Findings have implications for the usage of standardized instruments for intake procedures and for follow-up to identify potential non-returners.

The Potential of the PSI and SCL-90-R Subscales to Predict Post-Intake Client Return at a University Counseling Center

The issue of the client's premature termination from counseling has perplexed clinicians and researchers for years. Betz and Shullman (1979) report a post-intake drop-out rate of 24%. Epperson (1981) found a 25% post-intake attrition rate and Krauskopf, Baumgardner and Mandracchia (1981) a 19.2% post-intake drop-out figure. Benjamin-Bauman, Reiss and Bailey (1984) in a review of literature related to client attrition, relate post-intake failure-to-return rates of 19% to 52%. Gould, Shaffer and Kaplan (1985) reported that 11% of clients fail to return for a second session. Pekarik (1985) cites the 1978 National Institute for Mental Health figures of a 30% to 60% drop-out rate from counseling, with less than 25% of clients attending the minimum number of sessions for structured brief therapy (10 sessions). Mennicke, Lent and Burgoyne (1988) present figures of a 20% to 25% attrition rate at university counseling centers. As indicated by the literature, premature termination appears to be a salient problem that requires further investigation.

A systematic review of pertinent literature on drop-outs from counseling is complicated by the need to distinguish dropping-out from self-termination (Tutin, 1987) and by the need to establish a consistent definition of what constitutes dropping out. Previous studies (Fraps, McReynolds, Beck & Heisler, 1982; Kokotovic & Tracey, 1987) have defined drop-outs as those clients who simply

fail to return to counseling and self-terminators as those who, without mutual agreement of the therapist, decade that their presenting complaint has been alleviated and indicate their intention to stop counseling. Epperson, Bushway and Warman (1983) and Gunzburger, Henggler and Watson (1985) defined drop-outs as those clients who failed to return to counseling after one session, while Stahler and Eisenman (1987) set the cut-off at three sessions and Tracey (1986) at four sessions. For the purposes of this study, non-returners will be defined as "failure to return for any counseling interviews scheduled following intake" (Kokotovic & Tracey, 1987, p. 80).

There has been an appreciable amount of study of the factors affecting counseling drop-out rate. Based on the premises that "early drop-out rates pose a major obstacle to the delivery of counseling services" (Mennicke, Lent & Burgoyne, 1987, p. 458) and that "treatment tenure is the most successful predictor of successful outcome" (DeLeon & Jainchill, 1986, p. 203), previous research can be grouped according to three variables as to cause of attrition: a) counselor variables, b) interaction variables, c) client variables.

In terms of counselor variables, Rudolfa, Rapaport and Lee (1983) concluded that length of intake interview and call appointment interval were related to client return. Benjamin-Bauman, Reiss and Bailey (1984) found a significant difference in return rates between groups of clients contacted between one day and one week post-intake (72%-75%) as compared to those contacted two to three weeks post-intake (53%-57%).

Betz and Shullman's (1979) findings that clients were less likely to return when interviewed by male intake workers was challenged by Epperson's (1981) conclusion that clients with male intake workers were more likely to return for counseling. Krauskopf, Baumgardner and Mandracchia (1981) reported that, from their study, the sex of the intake worker was not a significant factor in client retention. Tryon and Tryon (1986) identified three individual differences between intake counselors and suggested that these factors influence client retention; the factors are verbal comprehension, verbal ability and understanding of the presenting problem. Martin, McNair and Hight (1988) found no significant difference in ratings of counselor expertness, trustworthiness, and attractiveness between returners and non-returners.

In an examination of the interaction variables, Epperson, Bushway and Warman (1983) found termination probability to increase when communication of problem recognition is absent. The authors also found a lack of relationship between counselor experience and client continuation. Gunzburger, Henggler and Watson (1985) investigated attitudinal and behavioral differences between continuers and terminators, remarking that continuers reported feeling that the first session fulfilled their expectations and that they felt that talking to someone might be helpful. Tracey (1986) specified the failure to establish a good working relationship early in therapy, particularly in initial bonding regarding goals and tasks, as crucial to return rates. Russell, Lang and Brett (1987) found no significant difference between

return and non-return groups based on matching client and counselor on age, sex, and race. Pekarik and Finney-Owen (1987) were able to distinguish drop-outs from continuers based on the amount of agreement between therapist and client related to length, content, and goals of therapy. Kokotovic and Tracey (1987) integrated the social influence approach (client perception of counselor as expert, trustworthy and attractive) and cognitive aspects (agreement on problem to be addressed) to conclude that client satisfaction with the intake interview is the best predictor of continuation.

Research on client variables as predictors of continuation has utilized the Minnesota Multiphasic Personality Inventory, the Myers-Briggs Typology Inventory, Michigan State Completion Inventory, the Rorshach test, social class, education, and ethnicity to try to isolate salient characteristics. Heilbrun (1982), using the Counselor Readiness Scale and the Adjective Checklist, identified "psychological-mindedness", defined as insight and low levels of defensiveness, as indicative of continuers. Kelner (1982) attempted to use Jochim's PT scale, based on the Social History Questionnaire developed by Best (1971), to differentiate the two groups but could report only a 63.1% accuracy rate. DeLeon and Jainchill (1986), using a self-developed instrument, correlated positive motivation (desire to forge a new lifestyle, become healthier), readiness (perceived need for treatment to assist in personal change), and suitability (acceptance of program philosophy, goals and treatments) with treatment tenure. Using the Adjective Checklist, Miller (1983)

described clients who drop out of therapy as less self-content, more paranoid, less motivated, less apt of self-disclosing, less suggestible, somewhat impulsive.

In exploration as to the correlation between presenting problem and return status, Anderson, Hogg and Magoon (1985) divided client concerns at a university counseling center into two categories: educational vocational concerns and emotional/social issues. While a difference was found in student status as to presenting problem, with freshmen and sophomores investigating both sets of concerns and juniors, seniors, and graduate students predominantly emotional/social issues, there was no significant correlation found between presenting problem and return rate. Such findings are supported by the study by Hardin, Subich and Holvey (1988).

Stahler and Eisenman (1987) hypothesized that drop-outs from counseling may be better functioning than continuers, requiring only crisis intervention to restore manage-ability to their lives. Fraps, McReynolds, Beck and Heisler (1982) suggested that client self-report may be the best source of information regarding the individual and his/her future behavior. Tutin (1987) found anxiety and depression as predictive of return status. In short, the literature has identified client characteristics that may contribute to client attrition. The researchers of this study attempted to further identify client characteristics that may differentiate returners from non-returners.

This study hypothesizes that comparisons of client psychological symptom status between male/female returners and non-

returners would result in the identification of significant discriminating variables, leading to the formation of a prediction equation as to return status. Specific experiential variables: educational level, source of referral, previous therapy, and level of intake counselor are also hypothesized to show significant difference between the groups.

METHODOLOGY

Subjects

The sample of the present study (n=261) was drawn from the client population of a university-based counseling center from August 28, 1988 - May 12, 1989. The majority of the participants were university students, with an modal age range of 18 years to 24 years. Counseling center clients under the age of 18 or those referred from other counseling centeres with discrepant intake data were omitted from the study.

The sample was divided into four groups, based on sex and return status. Of the female group (n=180), there were 126 returners (48.2% of total sample; 70.4% of female group) and 54 non-returners (29.2% of total sample; 29.6% of female group). Of the male group (n=81), there were 55 returners (21.4% of total sample; 67.9% of male group) and 26 non-returners (10.1% of total sample; 32.1% of male group).

Measures and Instruments

Psychological symptom status of male/female returners and non-returners were assessed by usage of the Symptom Checklist (SCL 90-R) and the Psychological Screening Inventory (PSI).

The SCL-90R "reflects the psychological symptom patterns of psychiatric and medical patients" (Derogatis, 1983, p. 2). Respondents are asked to assess the amount of discomfort a certain problem has caused them during the past seven days, including today. The scale for response offers 0= not at all; 1= a little bit; 2= moderately; 3= quite a bit; 4= extremely. Items are then scored on nine distinct scales and three global indices of distress. For the purposes of this study, only the nine distinct scales (somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism) will be investigated. Subscales, unlike the global descriptors, were chosen to provide distinct psychological symptoms characteristic of the return/non-return groups.

Gould, Shaffer and Kaplan (1985) demonstrated the applicability of the SCL-90R in describing drop-outs from a child psychiatric clinic. Although younger than the population of this study, higher scores were found on eight of the nine subscales, (somatization excluded), for children who did not attend post-intake counseling.

The PSI, developed as a screening device, is a fixed choice (T/F) scale of 130 personal statements. The responses provide five indices (alienation, social non-conformity, discomfort, expression, and defensiveness) for consideration (Lanyon, 1978).

Scale validity has been reported by Larsen, Garcia, Langenberg and Leroux (1983) in differentiating between potential suicide attempts and non-attempts Richman, Brown and Clark (1984)

utilized the PSI as a measure of self-esteem and found a strong inverse correlation between such measures and maladaptive behaviors. Laurent (1985) supported the predictive validity of the instrument, although suggesting differential scale weightings for select populations.

Demographic data, specifically client's level of education, source of referral, and previous experience in therapy, were obtained through client report at the intake interview. Intake counselors (master's level or doctoral level counseling students) were randomly assigned to conduct the intake interview.

RESULTS

The intent of the study is to distinguish between male/female returners and non-returners to post-intake counseling at a university counseling center. Discriminant analysis serves to separate groups on as many variables as are statistically significant. In doing so, differences, rather than similarities, are highlighted. The results of the predictive equations fall between (1) "will return" and (2) "will not return". Weights of the function coefficients must be conceptualized according to the goal of prediction.

The discriminant analysis of the personality variables of the male sample, as measured by the SCL-90R and the PSI subscales, identified somatization and anxiety as standardized canonical discriminant function coefficients. The resulting predictive equation presents:

status = -1.08555(X1) + 1.38949 (X2)

Based on this equation, 70.37% of grouped male cases were correctly classified.

A review of the chi-square analysis of nominal variables produced no significant differences between male returners and non-returners in terms of level of intake counselor [Master's or Doctoral level] (X^2= 1.58164; $p > .05$) or educational level of client (X^2 = 6.43459; $p > .05$). However, source of referral produced a significant difference (X^2= 4.87060; $p < .05$) as did previous experience in therapy (X^2 = 6.57098; $p < .05$).

Based on the review of female clients' personality variables the identified discriminant function coefficients: obsessive-compulsive, anxiety, hostility, and paranoid ideation, contributed to the following predictive equation: status = -1.10241 (X1) + 0.69592(X2) - 0.51478(X3) + 1.12890(X4) Based on this equation, 71.35% of grouped female cases were correctly classified.

The chi-square analysis yielded no significant differences between the two groups of female returnees and non-returnees in terms of level of intake counselor (X^2 = .20073; $p > .05$), source of referral (X_2 = 1.35798; $p > .05$), or educational level of client (X^2 = 7.88916; $p > .05$). Significant difference was found on the basis of previous experience in counseling (X^2 = 5.96947; $p < .05$).

DISCUSSION

The population of this study approximated drop-out/return rates of previously cited research. Of the 81 men in this sample, 55 (67.9%) returned for post-intake counseling and 26 (32.1% did not). Of the female group (n=180), 126 (70%) returned for counseling and 54 (30%) failed to return.

According to the results, only the SCL-90R demonstrated differentiating psychological symptoms between the groups of returners and non-returners. Men who return for post-intake counseling evidenced higher levels of somatization and lower levels of anxiety (SCL-90) than men who did not return. The symptoms reported by this sample may reflect male cultural socialization. It is hypothesized that such socialization encourages the repression of feelings by men (O'Neil, 1981). Accordingly, such repression would manifest itself in lower reported levels of anxiety, reflecting less awareness of apprehension or dread (Derogatis, 1983). These authors hypothesize that the feelings of anxiety are, in fact, present and go ignored or repressed. The expression of this affect may therefore be displayed somatically, as the results of this study may indicate.

Chi-square analysis, comparing nominal data, displayed a significant difference in return rates with regard to previous experience in counseling and to referral to counseling by others.

According to the results of this study, women who return for counseling, as compared with those who do not, show higher levels of obsessive-compulsiveness, lower levels of anxiety, higher levels of hostility, and lower levels of paranoid ideation. From the descriptors provided by Derogatis (1983), these women could be described as individuals who display pre-occupation about their presenting problem, less dread and apprehension concerning the exploration and expression of feelings, greater feelings of aggression, irritability, and resentment, and less fear of being judged and/or usage of projective thought.

Chi-square examination seems to suggest that women with previous experience in counseling are more likely to return for counseling.

Implicit in this project is the question of the value mental health professionals place on the usage of standardized instruments. Several cautions have been raised in connection with such usage. Tyler (1984) questions the normative scoring procedures, suggesting instead an ipsative view of responses. Tyler, while agreeing with Wagner (1987) as to the need to examine test validities, also asks inventory users to consider the instrument's definition of mental health and its congruence with the user's definition and intended use. Wagner also recommends implementation of multiple measures to provide a clearer picture of the individual and to ensure a balance of consideration for sex, age, race, ethnicity, experiential background, and non-traditional roles in the scales.

While the majority of surveyed counselors saw consideration of such instruments and their data as unimportant (West, Hosie, Bubenzer & Mahrle, 1987), the results of such inventories can be viewed as "clues to be followed" (Elmore, Dramond & Ekstrom, 1988; Tyler, 1984, p. 50).

Conclusion

Study limitations would include the question of the accuracy of the prediction equation to other counseling centers, both university and non-university based. The study was not able to consider race, socio-economic status or age as possibly impacting variables; such factors noted by Wagner (1987) as worthy of review.

Third, the limited male sample size (n-81) may hamper generalizability of study results.

Future research in this area will seek to ascertain the accuracy of the prediction equations using the 1989-1990 client population. If successful, the next step would be to develop, implement, and assess strategies to significantly increase retention rates. The relationship between previous therapy and presenting anxiety levels will also be explored.

The purpose of this study has been to try to delineate measurable differences in those who return for post-intake counseling as compared to those who do not return. Recognizing the importance of initial contact, the direction must be to assist counselors in the assessment of those at risk for non-return and to develop strategies to help increase retention rates among those who initially seek our services.

References

Anderson, T.R., Hogg, J.A., & Magoon, T.M. (1987). Length of time of time on a waiting list and attrition after intake. Journal of Counseling Psychology, 34, 93-95.

Benjamin-Bauman, J., Reiss, M.L., & Bailey, J.S. (1984). Increasing appointment keeping by reducing the call-appointment interval. Journal of Applied Behavior Analysis, 17, 295-301.

Betz, N., & Shullman, S. (1979). Factors relating to client return following intake. Journal of Counseling Psychology, 26, 542-545.

DeLeon, G., & Jainchill, M. (1986). Circumstance, motivation, readiness and suitability as correlates of treatment tenure. Journal of Psychoactive Drugs, 18, 203-208.

Derogatis, L.R. (1983). SCL-90-R: Administration, scoring and procedures manual. Towson, MD: Clinical Psychometric Research.

Elmore, P.B., Dramond, E.E., & Ekstrom, R.B. (1988, March). Using tests responsibly in counseling. Paper presented at the Annual Meeting of the American Association for Counseling and Development, Chicago.

Epperson, D. (1981). Counselor gender and early premature termination from counseling: A replication and extension. Journal of Counseling Psychology, 28, 349-356.

Epperson, D.L., Bushway, D.J., & Warman, R.E. (1983). Client self-termination after one counseling session: Effects of problem recognition, counselor gender and counselor experience. Journal of Counseling Psychology, 30, 307-315.

Fraps, C.L., McReynolds, W.T., Beck, N.C., & Heisler, G.H. (1982). Predicting client attrition from psychotherapy through behavioral assessment procedures and a critical response approach. Journal of Clinical Psychology, 38, 759-764.

Gould, M.S., Shaffer, D., & Kaplan, D. (1985). The characteristics of drop-outs from a child psychiatry clinic. Journal of the American Academy of Child Psychiatry, 24, 316-328.

Gunzburger, D.W., Henggeler, S.W., & Watson, S.M. (1985). Factors relating to premature termination of counseling relationships. Journal of College Student Personnel, 26, 456-460.

Hardin, S.I., Subich, L.M., & Holvey, J.M. (1988). Expectancies for counseling in relation to premature termination. Journal of Counseling Psychology, 35, 37-40.

Heilbrun, A.B., Jr. (1982). Cognitive factors in early counseling termination: Social insight and level of defensiveness. Journal of Counseling Psychology, 29, 29-38.

Kelner, F.A. (1982). An evaluation of Jochim's PT scale in the prediction of premature termination from outpatient psychotherapy. Journal of Clinical Psychology, 38, 106-108.

Kokotovic, A.M., & Tracey, T.J. (1987). Premature termination at a university counseling center. Journal of Counseling Psychology, 34, 80-82.

Krauskopf, C., Baumgardner, A., & Mandracchia, S. (1981). Return rate following intake revisited. Journal of Counseling Psychology, 28, 519-521.

Lanyon, R.I. (1978). Psychological screening inventory manual. Port Huron, MI: Psychologists Press, Inc.

Larsen, K.S., Garcia, D., Langenberg, D.R., & Leroux, J.P. (1983). The psychological screening inventory as a predictor of predisposition to suicide among patients at the Oregon State Hospital. Journal of Clinical Psychology, 39, 100-103.

Laurent, D.W. (1985). Use of the psychological screening inventory with residents of a state correctional institution. Journal of Offender Counseling, Services, and Rehabilitation, 9 (4), 19-27.

Martin, G.A., McNair, D. & Hight, W. (1988). Contributing factors to early premature termination at a college counseling center. Journal of Counseling and Development, 66, 233-236.

Mennicke, S.A., Lent, R.W. & Burgoyne, K.L. (1988). Premature termination from university counseling centers: A review. Journal of Counseling and Development, 66, 233-236.

Miller, M.J. (1983). The invisible client. The Personnel and Guidance Journal, 62, 30-33.

O'Neil, J.M. (1981). Male sex role conflicts, sexism and masculinity: Psychological implications for men, women and the counseling psychologist. The Counseling Psychologist, 9 (2), 61-80.

Pekarik, G. (1985). Coping with drop-outs. Professional Psychology: Research and Practice, 16, 114-123.

Pekarik, G. & Finney-Owen, K. (1987). Outpatient clinic therapist attitudes and beliefs relevant to client dropout. Community Mental Health Journal, 23, 120-130.

Richman, C.L., Brown, K.P. & Clark, M.L. (1984). The relationship between self-esteem and maladaptive behaviors in high school students. Social Behavior and Personality, 12, 177-185.

Rodolfa, E.R., Rapaport, R. & Lee, V.E. (1983). Variables related to premature terminations in a university counseling service. Journal of Counseling Psychology, 30, 87-90.

Russell, M.N., Lang, M. & Brett, B. (1987). Reducing dropout rates through improved intake procedures. Social Casework, 68, 421-425.

Stahler, G.J., & Eisenman, R. (1987). Psychotherapy dropouts: Do they have poor psychological adjustment? Bulletin of the Psychonomic Society, 25, 198-200.

Tracey, T.J. (1986). Interactional correlates of premature termination. Journal of Consulting and Clinical Psychology, 54, 784-788.

Tryon, G.S. & Tryon, W.W. (1986). Factors associated with clinical practicum trainees' engagements of clients in counseling. Professional Psychology: Research and Practice, 17, 586-589.

Tutin, J. (1987). A multivariate analysis of dropout status by length of stay in a rural community mental health center. Community Mental Health Journal, 23, 40-52.

Tyler, L.E. (1984). What tests don't measure. Journal of Counseling and Development, 63, 48-50.

Wagner, E.E. (1987). A review of the 1985 standards for educational and psychological testing: User responsibility and social justice. Journal of Counseling and Development, 66, 202-203.

West, J.D., Hosie, T.W., Bubenzer, D.L., & Mahrle, C.L. (1987), April). The counselor's role in community mental health. Paper presented at the Annual Convention of the American Association for Counseling and Development, New Orleans.